

CLAIMS ONLY							Application Number <i>10071544</i>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/					51			
2	/					52			
3	/					53			
4	/					54			
5	/					55			
6						56			
7	/					57			
8	/					58			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	/					Total Indep			
Total Depend	16					Total Depend			
Total Claims	17					Total Claims			

BEST AVAILABLE COPY